

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			2/12/01
FORMALITY REVIEW	SP	TC 873	03-10-01
RESPONSE FORMALITY REVIEW	SP	657	6/13/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/4/01
2	3/4/01
3	3/4/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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112  
 3/12